

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 11/20/01 and 01/29/02.
- b. The request was received on 05/28/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Medical Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs and Retrospective Reviews
 - d. Medical Records
 - e. Additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. Medical Records
 - c. Additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/08/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/09/02. The response from the insurance carrier was received in the Division on 07/10/02. Based on 133.307 (i) the insurance carrier's response is timely.

III. PARTIES' POSITIONS

1. Requestor: Fax Cover dated 06/11/02
"Re: (Claimant) DOS: 11/20/01 – 3/12/02. Sending requested additional information on above patient. ESI reports discussed at visits."

2. Respondent: Letter dated 07/09/02
“...The requestor billed CPT code 99214 on 8/14/01...(Carrier) paid the requestor for this service...The requestor then billed (Carrier) for CPT code 99215 on 11/20/01...To (Carrier) the only differences in the two documents is that the 8/14/01 document is a short hand version of the 11/20/01 document. If the requestor had billed CPT code 99214 on 11/20/01 then (Carrier) would have paid it. As it is (Carrier) cannot authorize payment for a service billed with CPT code 99215 when it is almost identical, content-wise, to a lesser service the same provider has billed in the past with a different CPT code...(Carrier)’s position with respect to CPT code 99215 on 1/29/02 remains unchanged from #2 above...(Carrier) will pay CPT code 99214 billed for date 3/12/02 as the documentation does in fact support the level of service.”

IV. FINDINGS

1. Based on Commission Rule 133.305 (d) (1) (2), the only dates of service eligible for review are 11/20/01 and 01/29/02.
2. The provider representative confirmed in a telephone call on 11/06/02 that date of service 03/12/02 has been paid by the carrier. The provider representative faxed a withdrawal for that date of service. The corrected amount billed is \$329.00; the amount paid by the carrier is \$71.00; the corrected amount in dispute is \$221.00. The denial EOBs used exception codes “COD1 – F – T,N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLINGS CODE’S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED.” and “73 – F – THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5.” The retrospective reviews for dates of service 11/20/01 and 01/29/02 dated 03/19/02 and 05/09/02, respectively, stated, “Reimbursement is denied for the service billed as the documentation submitted does not support the specific level of service billed as it is defined in the 1996 TWCC Medical Fee Guidelines. Rule 133.301 prohibits carriers from reimbursing a service at another billing code’s value therefore no reimbursement can be recommended for the service billed in comparison with the documentation. Please submit a revised CPT code or any additional documentation which may support the service billed.” The retrospective review dated 03/19/02 addressed the denial of CPT code 99080-73 date of service 11/20/01 by stating, “The Work Status Report (TWCC73) was not properly completed or was submitted in excess of the filing requirements...”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/20/01	99080	\$15.00	\$0.00	73 – F	\$15.00	Rule 133.304 (c); CPT descriptor	In accordance with Rule 134.304 (c), the carrier failed to submit explanation of benefits which would provide the provider with sufficient explanation to allow the provider to understand the reason for the denial. The EOB and retrospective review denial explanations included an “either or” statement. Reimbursement in the amount of \$15.00 is recommended.
11/20/01 01/29/02	99215 99215	\$152.00 \$162.00	\$0.00 \$0.00	CODI F,T,N	\$103.00	CPT descriptor; Rule 133.304 (c); Advisory 2002-11	The carrier submitted a detailed explanation of the denial exception in it’s response to the medical dispute request, but the EOBs and retrospective reviews were general and did not give specific information to instruct the provider as to what exactly the carrier meant by “documentation did not support the specific level of service”. In accordance with Rule 134.304 (c), the carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission’s instructions or provide the provider with sufficient explanation to allow the provider to understand the reason for the denial. The EOB and review denial explanations included an “either or” statement. Advisory 2002-11 states that the “T” payment exception code is not a valid code and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after 01/01/02. Reimbursement in the amount of \$206.00 is recommended.
Totals		\$314.00	\$0.00				The Requestor is entitled to additional reimbursement in the amount of \$221.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$221.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of November 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division
DMM/dmm